

Name

in
Full

Mrs. Lucy Biggo

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Leetown York County MARYLAND

Date of death 19/10 9 pr. 13 Age 31 Months 29 Days

Sex Female Color or Race White Birth-place York Co. Md

Occupation Laundress Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband W H Biggo

Father's Name Joseph B. Mease Father's Birthplace York Co

Mother's Maiden Name Mary Welch Mother's Birthplace York Co

Name of person giving Information W H Biggo How related to deceased Husband

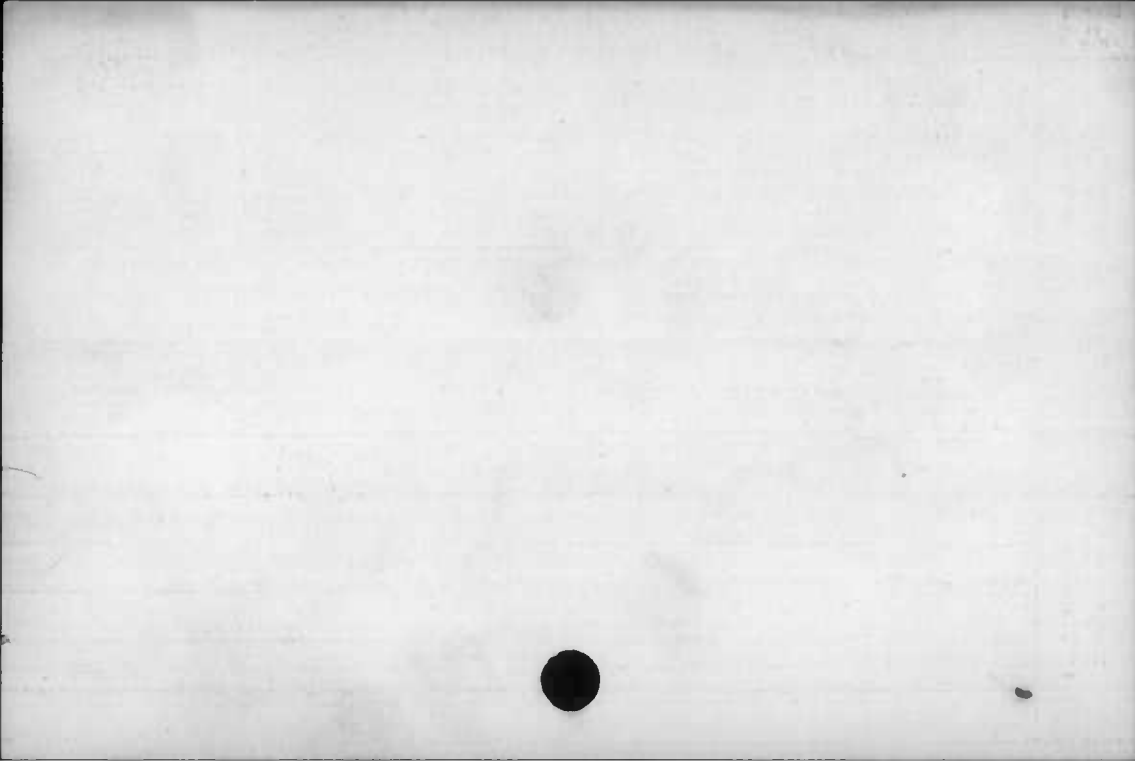
CAUSES OF DEATH

(99) ✓

How long 17 days

How long 30 hours

PHYSICIAN
OR CORONERPrimary PneumoniaImmediate ParalysisAre the name, age, sex, color, date and place correctly given above? yesSignature of Physician M. C. VinbaughAddress OaklandAccident or Suicide? no



Name
in
Full

Sarah Elizabeth Broadrick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

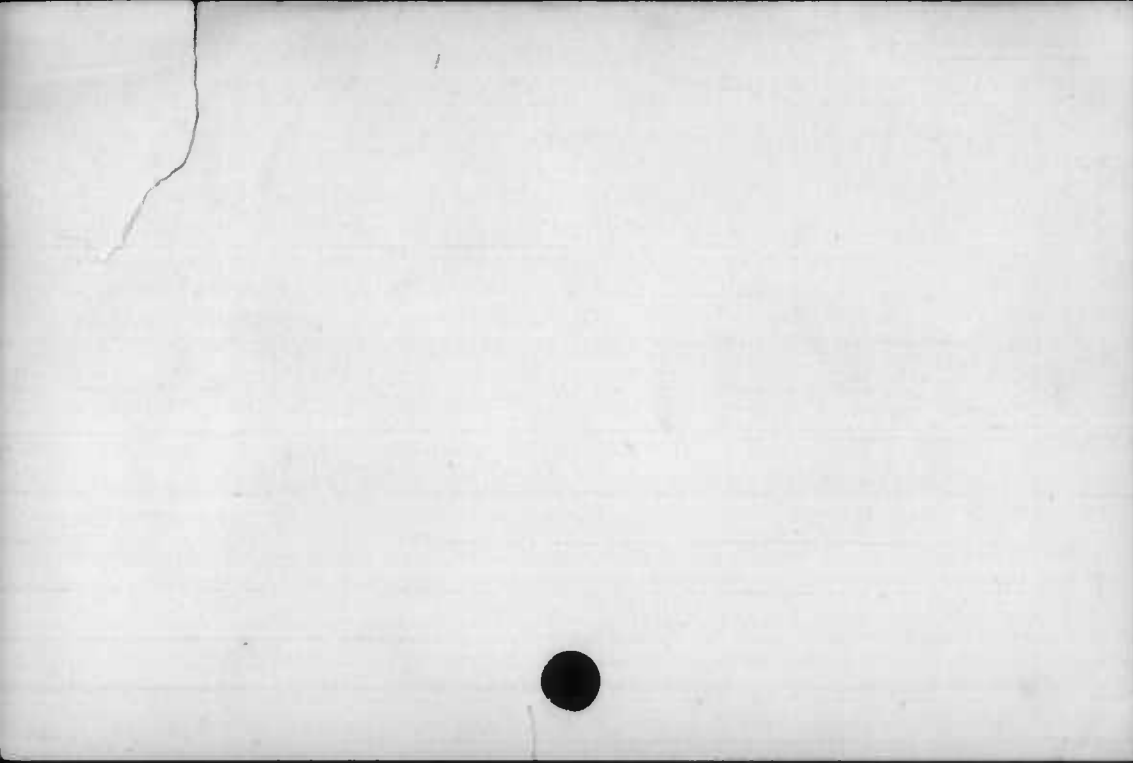
Died at <i>Civilton</i> ^{Town}		<i>Garrett</i> ^{County}		MARYLAND	
Date of death	19 <i>10</i> ^{Month}	<i>April</i> ^{Day}	<i>14</i> ^{Age}	<i>47</i> ^{Years}	<i>3</i> ^{Months}
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Patrick Broadrick</i>	
Father's Name	<i>Dont know</i>			Father's Birthplace	<i>Dont know</i>
Mother's Maiden Name	<i>Dont know</i>			Mother's Birthplace	<i>Dont know</i>
Name of person giving Information	<i>Patrick Broadrick</i>			How related to deceased	<i>Husband</i>

CAUSES OF DEATH

(92) ✓

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>3 days</i>
Immediate	<i>Respiratory Failure</i>	How long	<i>6 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>R. C. Bowen M.D.</i>
<i>Miller</i>		Address	<i>Grantville Md.</i>
Accident or Suicide?	<i>—</i>		



Name
in
Full

CERTIFICATE OF DEATH

Died at

Mary Ellen Carney

Town

County

MARYLAND

Date

of death

1900 April

Month

Day

711

Age

Years

44

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Ireland

Occupation

House wife

Where Residing if not
at place of death

Oakland

Married, Single
or WidowedName of Wife &
Husband

Michael J. Carney

Father's
Name

James J. Treacy

Father's
Birthplace

Ireland

Mother's
Maiden Name

Bridget Boyle

Mother's
Birthplace

Ireland

Name of person giving
Information

James P. Treacy

How related
to deceased

Brother

CAUSES OF DEATH

79

Primary

Mitral regurgitation

How long

Five years

Immediate

Incompetency, Embolism

How long

4 day 5

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

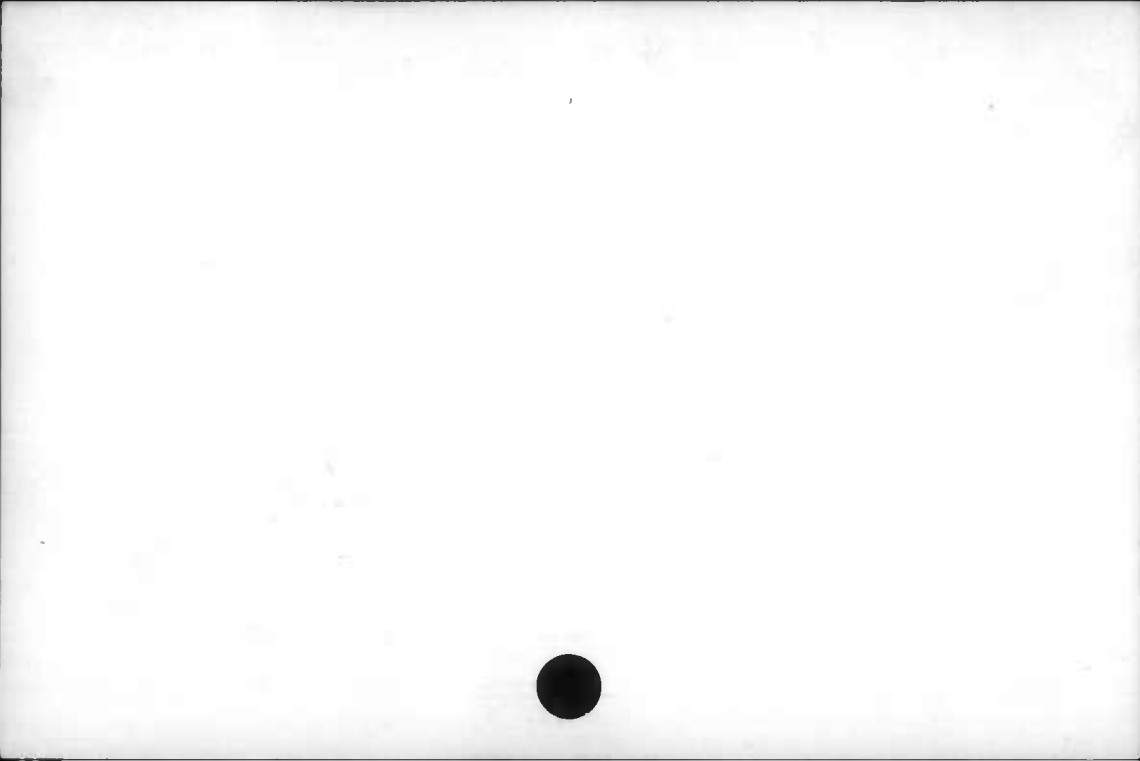
Address

H. W. Thomas

Oakland,
Maryland

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

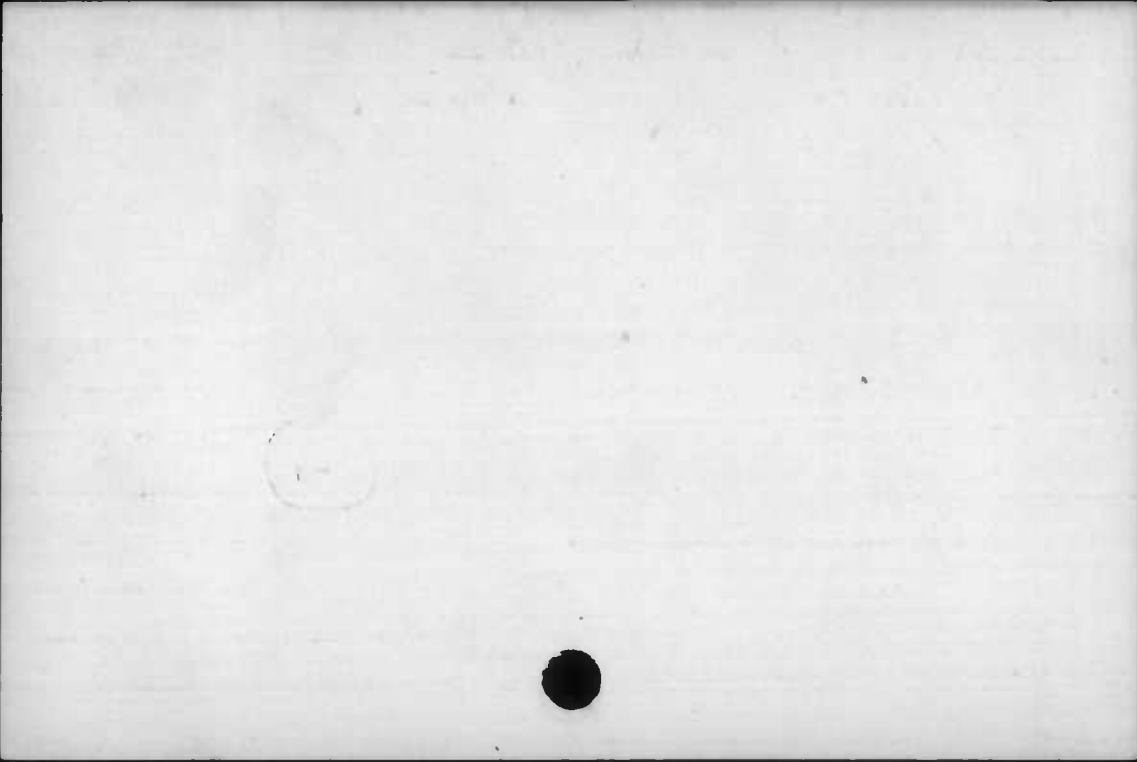
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>John H. Chase</i>		Town		County		MARYLAND	
Date of death <i>1910</i>		Month <i>April</i>	Day <i>18</i>	Age <i>46</i>	Years	Months <i>9</i>	Days <i>14</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Howard Co. Md</i>			
Occupation <i>Carpenter</i>		Where Residing if not at place of death <i>Home On board of train for</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name <i>James H. Chase</i>		Father's Birthplace <i>Don't know</i>					
Mother's Maiden Name <i>Sarah Anne Smith</i>		Mother's Birthplace <i>Don't know</i>					
Name of person giving information <i>W. A. Maffett</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of lungs</i>	How long <i>2 yrs</i>
Immediate <i>"</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>None in attendance</i>
	Address <i>Charles A. Tower - Sub-Registrar District # 7</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Raymond Nelson Clary
Town County
Capeau Garrett

MARYLAND

Died at

Date

of death

1980 Apr

Day

13

Age

Years

5

Months

Days

6

Sex

Male

Color or
Race

white

Birth-
place

Garrett Co.

Occupation

none

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Nelson Clary

Father's
Birthplace

MD

Mother's
Maiden Name

Anna Crane

Mother's
Birthplace

W. Va.

Name of person giving
Information

Nelson Clary

How related
to deceased

Father

CAUSES OF DEATH

Primary

Nephritis

How long

Some time

Immediate

Haemia

How long

Some time

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. L. Leger
Capeau
W. Va.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		Baby Hewitt				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Date of death		Month		Day		Age	
	1910		April		10		Years	
	Sex		Color or Race		Birth-place		Months	
	Male		White		Linn		Days	
	Occupation		Where Residing if not at place of death					
	Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Clifford Hewitt		Father's Birthplace		Garnett Co		
Mother's Maiden Name		Lucy Fleming		Mother's Birthplace		Garnett Co		
Name of person giving information		John Smith		How related to deceased		None		
				CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary		Heart Failure		(189) How long		1/2 days	
	Immediate				How long			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		B. W. Poirer			
	Address							
Accident or Suicide?		Tover						



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Lucian V. Helmick* Town *Kilmiller* County *Garrett*
Died at *Kilmiller* *Garrett* MARYLAND
Date of death 19*10* Month *4* Day *26* Age *1* Years Months Days
Sex *male* Color or Race *white* Birth-place *Kilmiller*
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name *Christian Helmick* Father's Birthplace *W Va*
Mother's Maiden Name *Lena May Brall* Mother's Birthplace *W Va*
Name of person giving Information *Christiane Helmick* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pertussis* How long *6 mo.*
Immediate *Heart failure* How long *5 days*
Are the name, age, sex, color, date and place correctly given above? ☒
Signature of Physician *H. P. Bpelue M.D.*
Address *Kilmiller Md*
W. L. Lee Sub Reg.
Accident or Suicide ☒



Name
in
Full

Mr. Pally Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Carleand</u> Town		<u>Yorrest</u> County			
Date of death	1910	Month	April	Day	17
				Years	77
Sex	Female	Color or Race	White	Months	11
Occupation	Housewife	Where Residing if not at place of death		Days	20
Married, Single or Widowed	Married	Name of Wife or Husband	Peter Miller	Birth-place	Pa
Father's Name	Peter Hostetter	Father's Birthplace	Pa		
Mother's Maiden Name	Elizabeth Hostetter	Mother's Birthplace	Pa		
Name of person giving information	John Peter Hein	How related to deceased	No relation		

CAUSES OF DEATH

Dress caught fire from burning dress - 3/4 of body burned

166

PHYSICIAN
OR CORONER

Primary	Burn	How long	3 days
Immediate	Young man	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Tower		McDermott	
		Address	
		Carleand	
Accident or Suicide?		Yes	



Name
in
Full

William Purnell

CERTIFICATE OF DEATH

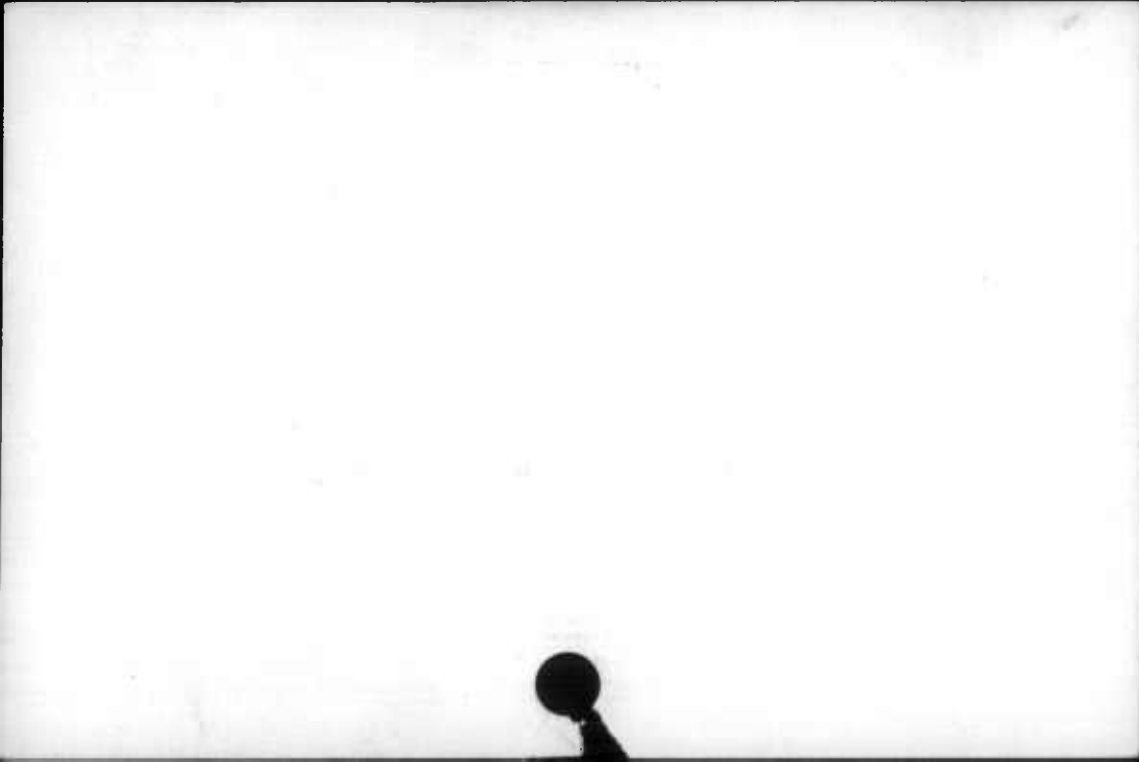
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ocean</i>		Town		<i>Gorras</i>		County		MARYLAND	
Date of death <i>1900</i>		Month <i>April</i>		Day <i>7</i>		Age <i>68</i>		Years <i>9</i> Months <i>8</i> Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Berkley Springs</i>					
Occupation <i>Laborer</i>				Where Residing if not at place of death <i>Ocean</i>					
Married, <i>Single</i> or <i>Widowed</i>				Name of Wife or Husband <i>Mary Upserman</i>					
Father's Name <i>John Purnell</i>				Father's Birthplace <i>Berkley Springs</i>					
Mother's Maiden Name <i>Sarah Jane Ringer</i>				Mother's Birthplace <i>Berkley Springs</i>					
Name of person giving Information <i>Mary Purnell</i>				How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Alcohol</i>	How long	<i>108</i> years
Immediate	<i>Acute Gastritis</i>	How long	<i>week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>M. C. Dineen</i>	
		Address <i>Ocean</i>	
Accident or Suicide		<i>E. L. West Reg. Md</i>	



Name
in
Full

CERTIFICATE OF DEATH

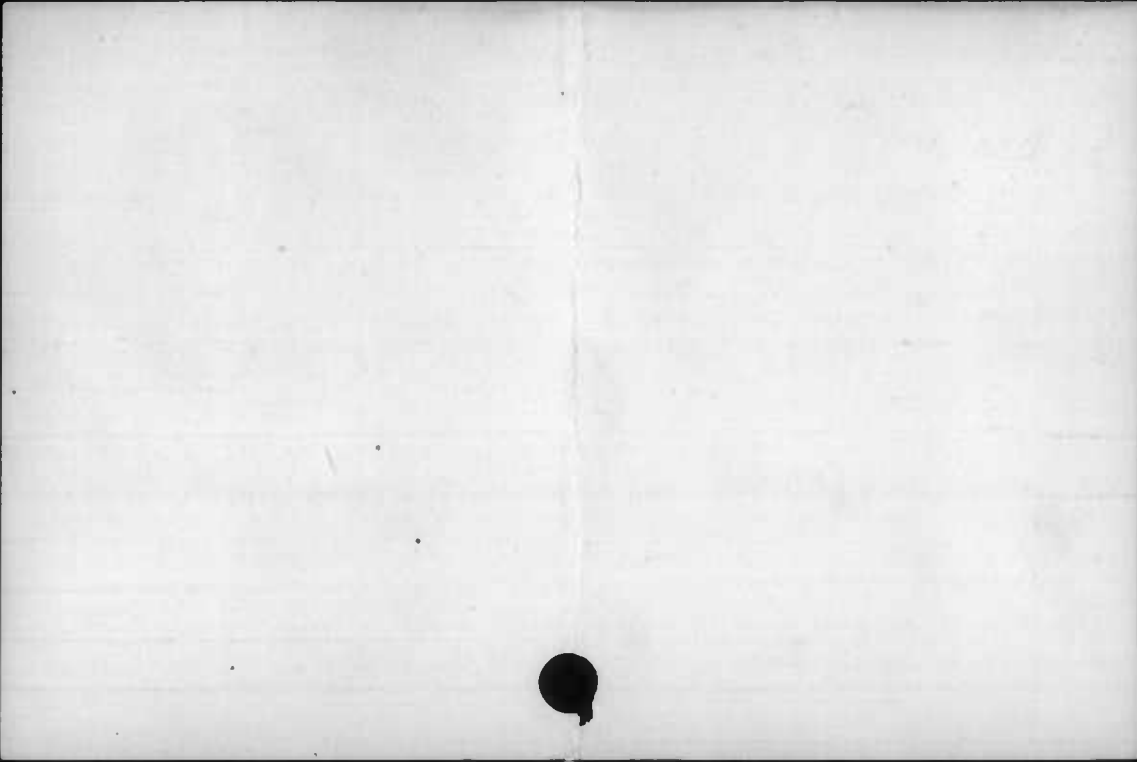
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Kitzmillers</u> ^{Town}		<u>Garrett</u> ^{County}		MARYLAND	
Date of death <u>1910</u> ^{Month} <u>Apr.</u> ^{Day} <u>12</u> ^{Age} <u>63</u>		<u>7</u> ^{Months}		<u>3</u> ^{Days}	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Muscul Co. Md.</u>			
Occupation <u>Miller</u>	Where Residing if not at place of death <u>Kitzmillers, Md.</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Victoria E. Rafter</u>				
Father's Name <u>Henry Rafter</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Eliza Head</u>	Mother's Birthplace				
Name of person giving information <u>Victoria E. Rafter</u>			How related to deceased <u>Wife</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid Fever</u>	How long <u>3 weeks</u>
Immediate <u>Heart Failure</u>	How long <u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Mrs. Frank Laughlin</u>
	Address <u>Kitzmillers, Md.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Mrs Catherine Rieder

Town

County

Died at

dist no. 8.

Garrett

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1960

Apr.

10

Age

66

1

17

Sex

Female

Color or
Race

white

Birth-
place

mds

Occupation

Hd.

Where Residing if not
at place of death

Married, Single
or Widowed

widow

Name of Wife or
Husband

John Rieder

Father's
Name

David West

Father's
Birthplace

Daut know

Mother's
Maiden Name

Bishop

Mother's
Birthplace

Daut know

Name of person giving
Information

Robt. Jauer

How related
to deceased

Nephew

CAUSES OF DEATH

79

Primary

Mitral regurgitation - ~~myocardial infarction~~

How long

Some years

Immediate

Myocardial infarction

How long

Heart attack

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

*J. C. Leight
Oaklands
Md.*

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Root Lathrum -

Name
in
Full

CERTIFICATE OF DEATH

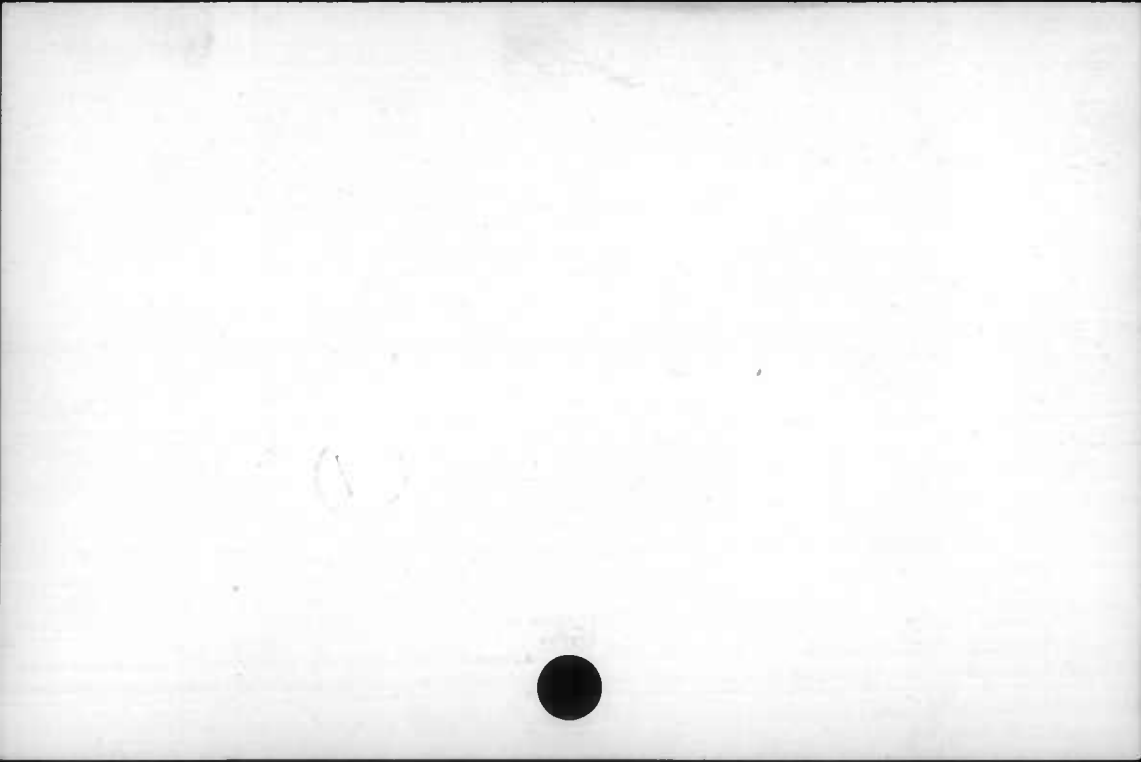
TO BE ANSWERED BY
NEAREST FRIEND

Name *June Williams* Town *Garrett* County *Garrett* -
 Died at *Near Deer Park* MARYLAND
 Date of death 19*40* Month *April* Day *7* Age *19* Months *2* Days *3*
 Sex *Female* Color or Race *White* Birth-place *Fayette Co. Pa*
 Occupation *House Keeper* Where Residing if not at place of death *Home of John Upole*
 Married, Single or Widowed *Single* Name of Wife or Husband *Louis Williams*
 Father's Name *John Upole* Father's Birthplace *Garrett Co*
 Mother's Maiden Name *Margaret Pegg* Mother's Birthplace *Fayette Co. Pa*
 Name of person giving Information *John Upole* How related to deceased *Father*

CAUSES OF DEATH

Primary *Scarlet Fever* How long *4 days*
 Immediate *Scarlet Fever* How long
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *[Redacted]* Address *Deer Park Md.*
Earl West, Reg.
 Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

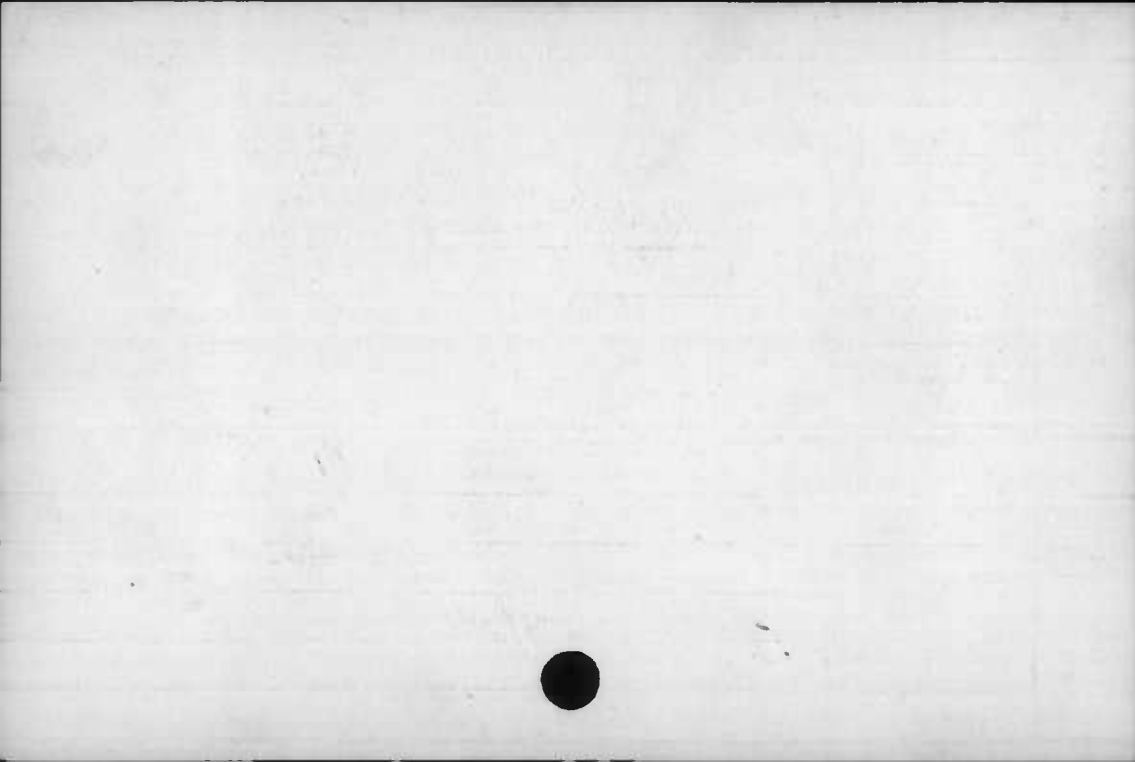
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1910		April	5 th	1		1	20
Sex	Male		Color or Race	White		Birth-place	Bloomington, Md.
Occupation	Infant		Where Residing if not at place of death		Place of death.		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Hamilton Wolf					Father's Birthplace	Gauley
Mother's Maiden Name	Minnie Clark					Mother's Birthplace	Gauley
Name of person giving information	D. H. McKemp					How related to deceased	

CAUSES OF DEATH

103 ✓

PHYSICIAN
OR CORONER

Primary	Gastritis	How long	
Immediate	Cerebral Spinal Meningitis	How long	About 5 days
Are the name, age, sex, color, date and place, correctly given above?	yes	Signature of Physician	D. H. McKemp
		Address	Bloomington, Md.
			Jacob Stump
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Gommer</i>		Town <i>Grantsville</i>		County <i>Garrett</i>		MARYLAND	
Died at <i>Grantsville</i>		Month <i>Apr</i>		Day <i>26</i>		Years <i>78</i>	
Date of death <i>190</i>		Months <i>1</i>		Days <i>1</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Gromony</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Grantsville</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>_____</i>					
Father's Name <i>John Gommer</i>		Father's Birthplace <i>Gromony</i>					
Mother's Maiden Name <i>Katharine Duke</i>		Mother's Birthplace <i>Gromony</i>					
Name of person giving information <i>Ed. Beechey</i>		How related to deceased <i>Son in Law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General Debility</i>	How long	<i>6 Months</i>
Immediate	<i>Paralysis</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. J. Robinson</i>	
<i>Yes</i>		Address <i>Grantsville</i>	
Accident or Suicide? <i>No</i>		<i>Med</i>	

